



New Student Application 2024-25 School Year

Name:						
High School:						
Special Education T	eacher:					
Program Site:	Avera Marshall	Sanford Worthington				
	•	E NOTE* ENTS MUST BE COMPLETED E APPLICATION TO BE CONSIDERED.				
This Completed /	Application Packet					
Shot/Immunization	Shot/Immunization Record (copy)					
Current Individua	l Education Plan (IEP) includ	ding Transition Goals				
High School Trar	High School Transcript/Attendance Record					
Current Evaluation Team Report* Include Most Recent Math and Reading Scores/Grade Levels						
School Transcripts from any other formal training						
I understand if I am accepted into the 2024-25 Project SEARCH Program, I will have to follow the program site's vaccination requirements.						

Return Completed Packet to:

Laura Jenson SWWC 102 S 2nd Street, PO Box 188 Belview, MN 56214 laura.jenson@swwc.org

Application Purpose & Guidelines

The purpose of this application packet is to outline the skill set of the Project SEARCH student candidate. This application enables the Selection Committee to properly assess each student candidate's skills, abilities and background. Our goal is to select students who will be successful in a Project SEARCH program and reach the outcome of competitive employment.

The selection process includes the following:

- 1. All students should attend the "Open House" *and must* visit the host business site to observe the culture, possible rotations and meet the instructor and job coaches prior to being selected to participate in Project SEARCH.
- 2. Applications *must* be received by January 8, 2024.
- 3. The Selection Committee reviews the applications and matches student skill set and interests with the appropriate Project SEARCH Program.

If accepted:

September 2024

- An IEP will be developed with the IEP team for the 2024-25 school year.
- The student will be required to pass a criminal background check and a drug screening.

Tentative Project SEARCH Program Dates for 2024-25

January 8, 2024	All fully completed Application Packets must be received.
February 2024	The Selection Committee makes decision on candidates who will be chosen for interviews
February 2024	Students receive notification if they have been selected for an interview and interview dates/times are confirmed.
February 2024	Interviews takes place at SWWC Service Cooperative and/or host site.
March 2024	Candidates receive notification of application status (accepted or declined).
March - May 2024	IEPs updated with affiliated school and team members
July/Aug 2024	Student Orientation

2024-25 Project SEARCH begins!

Project SEARCH Application

	Program Site:	Aver	a Marsh	all		Sanford Worthington
A.	Personal Data					
Name	:					
Addre	ess:					
Count	y you live in:		Curre	ent Schoo	ol Attending:	
Date of	of Birth:	Ger	nder:	Male	Female	
Are yo	ou your own legal guardiar	า?	Yes	No		
If not,	list who is:					
Paren	t/Guardian Name:					
Paren	t/Guardian Email:					
Paren	t/Guardian Address:					
Paren	t/Guardian Home Phone:					
Paren	t/Guardian Cell Phone:					
Paren	t/Guardian Work Phone:					
Specia	al Education Disability (ac	cordin	g to fron	it page of	IEP)	
B.	Parent/Student Infor	rmati	on			
	elease: The student record me school to SWWC Serv		_	-	aughter will t	oe transferred from the
	ual Opportunity: Project S tional original, sex, age, re		-			thout regard to race, color
Stude	nt Signature:					
Date:						
Paren	t/Guardian Signature:					
Date:						

Employment Background C.

List jobs you do or have done in school or in the community.

Employer	Job Title	Job Duties	Supervisor Name	Contact Number	Paid	Unpaid

	Have you ever been fired from a job? If yes, please explain. Yes No							
	Have you ever quit a job? If yes, please explain. Yes No							
	After Project SEARCH program is completed, do you plan on getting and maintaining a full-time or part-time job? Full-time Job Part-time Job							
	Where or with what kind of organization?							
How many days/hours per week do you want to work?								
	Where do you plan on living? Home Friends Other							
		ce Agencie						
	-		Rehabilitation Co		Yes	No		
	Name			Phone Nu	ımber:			
Do you have a County Case Manager?			Yes					
Name:					Phone Number:			
Do you want a referral?				Yes		No		

		No	erns that might impact a su	uccessful job placement?
F.	Independe	_		
Medio	cation/Dosage Medicat		ken by student	Time of Day
	Wieuicai	.1011	Dosage	Time of Day
	e list any othe ment:	r concerns or c	circumstances that may im	pact an internship rotation or jol
G. How		-	onse Questions m Project SEARCH?	
How	do you plan or	າ supporting thi	s student throughout the p	orogram?

What future goals do you have for this student?